

TOWN OF GARNER
P. O. Box 446
Garner, North Carolina 27529
Phone (919) 772-4688
Fax: (919) 662-8874 or email: dwigal@garnernc.gov

PRIVILEGE LICENSE APPLICATION

PLEASE PRINT CLEARLY

Date: _____

Business Name: _____

Business Address: _____
(Street) (City, State, Zip Code)

Mailing Address: _____
(Street) (City, State, Zip Code)

Owner's Name _____ Phone Number: _____

SSN/FID _____ Contractor's Local ID _____ State ID _____

To Conduct the Following Business:

Number of Employees: _____ Home Occupation: _____ YES _____ NO

Privilege License Tax \$ _____ ANNUALLY

I affirm that the statements made in the foregoing application are true to the best of my knowledge.

Business Name: _____ By: _____

**ZONING COMPLIANCE CERTIFICATION
(TO BE COMPLETED FIRST)**

Please note: All privilege license applications must be approved by the Planning Department and Fire Inspector.

Planning Department Approval by: _____ Date _____

Fire Inspector Approval by: _____ Date _____

Comments: _____

TOWN OF GARNER POLICE & FIRE INSPECTOR EMERGENCY CONTACT SHEET

Business Name: _____

Business Location: _____

Business Phone Number: _____

Mailing Address: _____

Owner(s) Name: _____

Owner(s) Phone Number: _____

In Case of Emergency -

1st Contact Name & Phone #: _____

2nd Contact Name & Phone #: _____

3rd Contact Name & Phone #: _____

Is there a security alarm at the place of business? YES _____ NO _____

Alarm Company Name and Phone #: _____

Is there a fire alarm at this place of business? YES _____ NO _____

Alarm Company Name and Phone #: _____

MISCELLANEOUS INFORMATION:
